1. **Title of the thesis: Maternal Health Status among the Bhunjia Tribe of Chhattisgarh: With Special Reference to Utilization of Reproductive Child Health Services.**

2. **Introduction:** Improving maternal health is one of the eight millennium development goals. The maternal health status is influenced by several factors like early marriages, malnutrition, illiteracy, ignorance, lack of health services, and unavailability of transport facilities. One of the most important reasons for poor maternal health status is non-acceptance or non-utilization of reproductive child health care services. Approximately 80% of the maternal death globally occur due to haemorrhage, sepsis, unsafe induced abortion, hypertensive disorder of pregnancy, and obstructed labour (WHO, 2005). Provision of antenatal care and medically assisted delivery can reduce such deaths (Adam et. al 2005; MCcaw- Binns et al. 2007). A number of literatures have high-lighted that utilization of maternal health care services varies with the socio-economic characteristics of the population (Kavita and Audi-narayana 1997; Bloom 2001; Navaneetham and Dharmalingam 2002; Gymiah et al. 2006; Dey 2009). Some studies on health seeking behaviour have focused on the importance of availability and accessibility of services (Develay et al. 1996; Becker et al. 1993).

In India, maternal and child health (MCH) programme is now incorporated into reproductive and child health programme that was launched in 1997. The focus elements with regards to MCH includes provision of antenatal care, encouragement of institutional deliveries and home deliveries assisted by trained health personnel, and provision of postnatal care. The programme also includes oral-rehydration therapy (ORT) programme, and Universal immunization programme (Dabral and Malik 2005). Maternal healthcare is an integral part of India's family welfare programs. Infant and child mortality rates are important indicators of socioeconomic development and quality of life of a country. Previous studies have established the fact that proper and timely prenatal and postnatal care reduces the risk of both maternal and child morbidity and mortality significantly (Heldi et al. 2006; Kamal 2009). India's socio demographic goals for 2010 were to have 80 percent of all deliveries to take place in institutions and have 100 per cent of deliveries attended by trained personnel (MHFW India 2000). Maternal and child health care (MCH) during pregnancy should begin in the early stages of pregnancy. MCH, an important component of primary healthcare in India, includes effective antenatal care, assurance of a safe and aseptic delivery, appropriate postnatal care, and timely immunization against common infectious diseases, among others. According to National Family Health Survey-3 of India (2005–06), 29 per cent of the tribal mothers in India received no

antenatal check-up during the preceding five years. Further, only 25 per cent of scheduled tribal mothers' deliveries took place in healthcare facilities, and 67 per cent of the deliveries were attended by untrained individuals (IIPS 2006).

In order to formulate effective health policies and planning understanding of the factors associated with maternal child health (MCH) care practices becomes very important. Identification of their traditional practices, taboos and other barriers will help us to understand the approaches to meet the health needs of tribal communities. Tribal populations are isolated from general population with their own physical, socioeconomic and cultural environment. They are the most backward section of the society, due to various factors like ignorance, poverty, lack of development in the inaccessible areas, illiteracy and exploitation. Several studies have documented a close relationship between tribal ecosystem and their health and nutritional status (Hanumatha Rao and Mallikharjuna Rao, 1994; Hanumatha Rao, 1996).

A combination of factors such as geographic isolation, low economic status, different societal attitudes and traditional beliefs, and provider inadequacy have led the tribal population throughout India often being denied access to health services. In the light of the inadequate health infrastructure for the tribal population the present study has been proposed to know the patterns of utilization of MCH care services of Bhunjia tribe of Chhattisgarh. Bhunjia a small Dravidian tribe are mostly found in the forest areas of Chhattisgarh and Orissa (Russel and Hiralal 1916). In Chhattisgarh they are mainly found in Bindranawagarh, Chhura, Mainpur of Gariyaband district, Nagari of Dhamtari and Bagbahara and Khallari of Mahasamund District . According to 2001 census the total population of Bhunjia is 9357 of which 4617 are males and 4740 are females. Sex ratio is 1026 and literacy rate is 45.28%.

3. A brief review of the work already done in the field:

Maternal and child health care practices were found to be largely neglected in various tribal groups (i.e. Bastar tribal groups, Kutia Kondhs of Orissa, Santals, Jaunsaris and Kharias.) Expectant mothers to a large extent were not inoculated against tetanus. From the inception of pregnancy to its termination, no specific nutritious diet was consumed by women. On the other hand some pregnant tribal women (i.e. Dudh Kharias, Santals) reduced their food intake because of the fear of recurrent vomiting and also to ensure that the baby may remain small and the delivery may be easier. The consumption of iron, calcium and vitamins during pregnancy was poor. The habit of taking alcohol during pregnancy was found to be common among the tribal women and almost all of them continued their regular activities including hard labour even

during advanced pregnancy. More than 90 percent of the deliveries were conducted at home attended by elderly ladies of the household. No specific precautions were observed at the time of conducting deliveries which resulted in an increased susceptibility to various infections. Services of paramedical staff were secured only in difficult labour cases. (Basu.1993). Low socio economic status, high illiteracy and lack of awareness were identified as causal factors of poor health status of Dhur gond of Mahasamund district of Chhattisgarh (Chandrakar et al. 2009).

Jat et al. (2011) conducted a study on factors affecting the use of maternal health services in Madhya Pradesh. The household socio-economic status and mother's education are most important factors associated with the use of ANC and skilled attendance at delivery. The community level was only significant for antenatal care (ANC) and skilled attendance at delivery but not for post natal care (PNC). None of the of the district level variables used in this study were found to be influential factors for the use of maternal health services.

The effect of place of residence and ethnicity for utilization of health services was investigated by Lahana et al. (2011) with evidences from Greece from a representative sample of 1372 individuals. Poor physical and mental health was associated with higher likelihood of use. They concluded that health care needs were the main determinants of health services utilization in both the urban and rural population. Socio-economic and ethnic differences are also seen to contribute to the inequities observed in some types of health services use, favouring the better off. Shah et al (2011) called for different strategies for the implementation of health care services in different tribal regions of India. The paper highlighted the effect of maternal characteristics on woman's likelihood of using prenatal and delivery health care services among the tribal woman in the north-eastern states and central states of India. This study showed that tribal woman in the north-eastern state of India are more higher to use the health care facilities as compared to the central states. Working women are less likely to use the health care services. The positive influence of education is highest for seeking trained assistance during delivery. Goland et al. (2011) investigated the maternal health care utilization in Vietnam. The results demonstrated that ethnicity is an important social determinant for maternal health care utilization in Vietnam, and that ethnic minority women form a clearly disadvantaged group. Ethnic minorities tend to reside in rural areas and poor households, as well as have low education. Physical distances to health facilities as well as lack of transportation and means to accommodate women and their family members, are factors for explaining the lower rates of maternal health care utilization in areas inhabited mainly by ethnic minority groups. Rejoice et al. (2011) studied the comparative differentials in maternal health care service utilization

between Tamilnadu and Karnataka. The wide variation in the utilization of the ANC services among the states under consideration could be attributed to relatively better socio-economic, demographic scenario as well as the better infrastructural facilities available in Tamilnadu. In addition, the poorest performance of the utilization of ANC services in case of Karnataka have been explained by relatively poor status of women. The study revealed that some of the factors which influence antenatal health utilization are religion, education and occupation of women and wealth index. Digambar et al. (2011) studied the factors influencing the utilization of maternal health care services in Uttarakhand. The result revealed that the place of residence, educational level of women, exposure to mass media, birth order and wealth index are significant predictors in explaining the use of maternal health care services. The major obstacles of the institutional delivery are traditional attitudes and cultural beliefs surrounding pregnancy and childbirth. Mumbare et al. (2011) have studied antenatal care services utilization, delivery practices and factors affecting them in tribal area of North-Maharashtra in Nashik district. The utilization of ANC services and deliveries at health centres were significantly associated with education of the women and their spouses, and the socioeconomic status of the family. Traditional practice was the main reason for conducting the deliveries at home, followed by unsatisfactory or unacceptable hospital services and lack of transport facilities. The investigations emphasized the need of health services to increase the rate of deliveries conducted at health centre or at least by a trained person.

4. Objectives:

The aims and objectives of the proposed study will be the following:-

(I) To assess the health status of Bhunjia pregnant and lactating Bhunjia women.

(II) To assess the level of utilization of reproductive and child health services among Bhunjia tribe of Chhattisgarh.

(III) The proposed study will highlight prevailing practices pertinent to maternal health care namely antenatal care and delivery care among Bhunjias.

5. Noteworthy contribution in the field of proposed work:

Navaneetham et al (2002) studied the utilization of maternal health care services in three states of south India viz. Andhra Pradesh, Karnataka & Tamil Nadu and examined the patterns and determinants across different social setting using data from NFHS. According to them the difference in access to health care facilities between rural-urban areas is an important

factor for lower utilization of maternal health care services, particularly for institutional delivery and delivery assistance by health personal in the rural areas of the three states. Interstate differences in utilization could be due to differences in availability and accessibility. Maiti et al (2005) have found that the whole tribal community is deficient in adequate food intake therefore, tribal woman have high rates of anaemia. The other factors responsible for poor health of tribal woman are poverty, poor hygiene, lack of access to health services. Only 38% ST woman of Chhattisgarh have received antenatal check up from public health facilities. Approximately 22% ST woman reported symptoms of reproductive tract infection and 16% reported of having problems related to menstruation (IIPS, 2004). Somasundram et al (2012) implemented a multisectoral health and development projects which covered 235 underserved and tribal villages of Ahmednagar district of Maharashtra for a period of four years (2006-2009). The project achieved significant improvement in the MCH indicators in the target population. According to them unless we find out the bottlenecks in the implementation of the program, the 2015 target cannot be achieved.

6. Proposed methodology:

6.1 Selection of Problem:

There is a wide gap of study regarding maternal health status and utilization of reproductive child health services among the Bhunjia of Chhattisgarh therefore, an attempt has been made in the proposed study.

6.2 Area Selection:

For the proposed study data will be collected from Chhura, Gariyaband and Mainpur blocks of Gariyaband District and Nagari block of Dhamtari District of Chhattisgarh state. Only the predominated Bhunjia villages will be selected for the purpose of data collection.

6.3 Sampling: Based on census survey.

6.4 Tools and Techniques to be used:

(A) Primary data collection:

(I) For assessment of Body mass Index anthropometric measurements viz. height and weight will be measured using anthropometer and weighing machine. Hb level will be taken to assess the anaemic status by using electronic haemocytometer.

(II) For utilization of reproductive child health services survey will be conducted using structured interview schedule among 15 to 49 age group pregnant and lactating Bhunjia women.

(III) Some case studies will also be gathered from traditional birth attendants for indigenous reproductive child health care.

(B) Secondary data collection:

All the anganwadi centres of surveyed villages will be covered for assessment of utilization of RCH services.

6.7 Analysis of data: Appropriate statistical techniques will be used to analyse the obtained data.

7. Expected outcome of the proposed work:

7.1 The nutritional and anaemia status of lactating and pregnant Bhunjia women can be ascertained from the proposed work. If the causal factors are determined then appropriate programmes can be prepared for upliftment of the health status of Bhunjia women of this area.

7.2 The utilization level of the health services can be established and the factors underlying the non-utilization of the health services will be highlighted and future programmes may be prepared so that they can make maximum utilization of the health services.

7.3 The study will throw light on the traditional maternal and child health services among the Bhunjia tribe.

7.4 To bring awareness and behavioural change for better health and to improve the health status of Bhunjia mothers and child.

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